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CONFIDENTIALTO EXAMINER: Samuel Broda FAX #: (571) 273-8300GROUP ART UNIT: 2123ADDRESS: U.S. Patent and Trademark OfficeP.O. Box 1450, Alexandria, VA 22313-1450EXAMINER PHONE: (571) 272-3709

Transmitted here with regarding Attorney docket no. 091-0110, Application Serial No. 09/945,306, Filed August 30, 2001, are the following:

- ☒ Transmittal Form
☐ Fee Transmittal Form
☐ PTO form 2038, Credit Card Payment Form for payment in the amount of \$0
☐ Petition for Extension of Time
☒ Amendment After Final (11 pages)
☐ Terminal Disclaimer

12 PAGE(S) TO FOLLOW THIS COVER SHEET

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MODIFIED FORM PTO-1083

Attorney Docket No. 091-0110

Date: August 15, 2005

Inventor(s): Jian Dong

Serial No. 09/945,306

Filed : August 30, 2001

For : INTEGRATED MULTI-DISCIPLINARY OPTIMIZATION PROCESS FOR THERMAL PROTECTION
SYSTEM DESIGN

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an amendment in the above-identified patent application.

- ☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☒ Return Receipt Postcard
- ☒ No additional claim fee is required.

The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
Total	*20	minus	**26	= 0	x \$25 =	\$	OR	x50 =	\$0
Independent	*3	minus	***4	= 0	x \$100 =	\$	OR	x200 =	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+150 =	\$	OR	+300 =	\$0
TOTAL						\$	OR	TOTAL	\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-0851 the amount of \$_____. A copy of this transmittal letter is enclosed.
- ☐ A check in the amount of \$_____ to cover the extension fee is enclosed.
- ☐ A check in the amount of \$_____ to cover the additional claims is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees with this communication or credit any overpayment to Deposit Account No. 50-0851. A duplicate copy of this transmittal letter is enclosed.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

/David Bowls/

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I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent & Trademark Office at (571) 273-8300 on:

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PATENT
091-0110

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: JIAN DONG : Confirmation No.: 2047

Serial No. 09/945,306 : Group Art Unit: 2123

Filed: August 30, 2001 : Examiner: Samuel Broda

For: INTEGRATED MULTI-DISCIPLINARY
OPTIMIZATION PROCESS FOR THERMAL
PROTECTION SYSTEM DESIGN

Commissioner for Patents
P.O. Box 1450
Alexandria, VA

AMENDMENT AND RESPONSE

Sir:

In response to the Office action dated as mailed on June 20, 2005 and having a period of response extending through and including September 20, 2005, please make the below-identified amendments, and consider the following remarks.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.